

MONTHLY ATTENDANCE / INVOICE

Month/Year _____

Invoice # _____

CLIENT: _____

Reporting Unit _____

CLIENT ID#: _____

Physical address/location of where services were performed:

PROVIDER: _____

Authorization Number	SERVICE	SVC Code	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Periodic Services are to be reported in 15 min increments.

Residential services are to be reported as 24.

* - Service codes, descriptions and rates for MH/DD/SA services are posted on the DMA website, www.dhhs.state.nc.us/dma/mhfee.htm
Please use this information to complete the area below

Service	Total Hours		Rate	Total Amounts
_____	_____	hours	x _____	= _____
_____	_____	hours	x _____	= _____
_____	_____	hours	x _____	= _____
_____	_____	days	x _____	= _____

SIGNATURE _____ Date _____

Service Description *	Service	Code	Rate